DISEASES OF THE HEART—Continued

	ing
Persistent edema and stasis pigmentation or eczema, with or without intermittent ulceration	40
Persistent edema, incompletely relieved by elevation of extremity, with or without be-	
ginning stasis pigmentation or eczema Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by ele-	20
vation of extremity or compression hosiery Asymptomatic palpable or visible varicose	10
veins	0

NOTE: These evaluations are for involvement of a single extremity. If more than one extremity is involved, evaluate each extremity separately and combine (under §4.25), using the bilateral factor (§4.26), if applicable.

7121 Post-phlebitic syndrome of any etiology:
With the following findings attributed to ve-

Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema

Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery

Asymptomatic palpable or visible varicose veins

NOTE: These evaluations are for involvement of a single extremity. If more than one extremity is involved, evaluate each extremity separately and combine (under §4.25), using the bilateral factor (§4.26), if applicable.

7122 Cold injury residuals:

With pain, numbness, cold sensitivity, or arthralgia plus two or more of the following: tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, X-ray abnormalities (osteoporosis, subarticular punched out lesions, or osteoarthritis) of affected parts With pain, numbness, cold sensitivity, or arthralgia plus tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, or X-ray abnormalities (osteoporosis, subarticular punched out lesions, or osteoarthritis) of affected parts ...
With pain, numbness, cold sensitivity, or arthralgia

NOTE (1): Amputations of fingers or toes, and complications such as squamous cell carcinoma at the site of a cold injury scar or peripheral neuropathy should be separately evaluated under other diagnostic codes

DISEASES OF THE HEART—Continued

	Rat- ing
NOTE (2): Evaluate each affected part (hand, foot, ear, nose) separately and combine the ratings, if appropriate, in accordance with §§ 4.25 and 4.26.	
7123 Soft tissue sarcoma (of vascular origin)	100
NOTE: A rating of 100 percent shall continue beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals.	

(Authority: 38 U.S.C. 1155) [62 FR 65219, Dec. 11, 1997]

THE DIGESTIVE SYSTEM

§4.110 Ulcers.

100

Experience has shown that the term "peptic ulcer" is not sufficiently specific for rating purposes. Manifest differences in ulcers of the stomach or duodenum in comparison with those at an anastomotic stoma are sufficiently recognized as to warrant two separate graduated descriptions. In evaluating the ulcer, care should be taken that the findings adequately identify the particular location.

§4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the "dumping syndrome" are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§4.112 Weight loss.

Minor weight loss or greater losses of weight for periods of brief duration are not considered of importance in rating. Rather, weight loss becomes of importance where there is appreciable loss which is sustained over a period of time. In evaluating weight loss generally, consideration will be given not only to standard age, height, and

§ 4.113

weight tables, but also to the particular individual's predominant weight pattern as reflected by the records. The use of the term "inability to gain weight" indicates that there has been a significant weight loss with inability to regain it despite appropriate therapy.

§4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in §4.14.

§4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

	Rat- ing
7200 Mouth, injuries of. Rate as for disfigurement and impairment of function of mastication. 7201 Lips, injuries of. Rate as for disfigurement of face. 7202 Tongue, loss of whole or part: With inability to communicate by speech One-half or more	100 60 30 80 50 30

	Rat- ing
Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix,	
perforated ulcer, or operation with drainage Moderately severe; partial obstruction manifested by delayed motility of barium meal and less	50
frequent and less prolonged episodes of pain Moderate; pulling pain on attempting work or ag- gravated by movements of the body, or occa- sional episodes of colic pain, nausea, con- stipation (perhaps alternating with diarrhea) or	30
abdominal distension	10 0
Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of defi-	
nite impairment of health	60
at least four or more times a year	40
manifestations Mild; with recurring symptoms once or twice yearly	20 10
7306 Úlcer, marginal (gastrojejunal): Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally incapacitating	100
Severe; same as pronounced with less pro- nounced and less continuous symptoms with	
definite impairment of health Moderately severe; intercurrent episodes of ab- dominal pain at least once a month partially or completely relieved by ulcer therapy, mild and	60
transient episodes of vomiting or melena Moderate; with episodes of recurring symptoms	40
several times a year	20 10
7307 Gastritis, hypertrophic (identified by gastroscope):	
Chronic; with severe hemorrhages, or large ulcerated or eroded areas	60
areas, and symptoms	30
toms Gastritis, atrophic. A complication of a number of diseases, including pernicious anemia. Rate the underlying condition. 7308 Postgastrectomy syndromes: Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea,	10
hypoglycemic symptoms, and weight loss with malnutrition and anemia	60